



## **DELAWARE STATE EMPLOYEES' CHARITABLE CAMPAIGN 2020 ORGANIZATION APPLICATION**

**\*\*\*Submission Deadline is March 31, 2020\*\*\***

An abbreviated application is available by request for organizations that have been approved to participate in the SECC for the last three, consecutive campaigns. Please contact [SECC@delaware.gov](mailto:SECC@delaware.gov) to find out if your organization is eligible.

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Corporation Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_  
*This is the name by which the organization will be listed.*

Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip*

*This address will be used for receipt of funds, if your organization is eligible.*

Telephone: \_\_\_\_\_  
*Please include area code.*

Contact Person: \_\_\_\_\_  
*This person must be a responsible representative of the organization who is authorized to act on its behalf in connection with SECC.*

Contact Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip*

Contact Telephone: \_\_\_\_\_  
*Please include area code.*

Contact Email: \_\_\_\_\_



1. Provide a brief description of how your program benefits the health and welfare of residents of the State of Delaware. If using more than three lines, please submit as a separate document. (For full criteria see Executive Order 22 Section 2(b).) This information may be used in SECC literature.

2. Provide an example of services you can provide with a contribution. (Example: \$5 can provide three hot meals to a senior citizen.) This information may be used in SECC literature.

3. Please select the categories that best describe your organization:

Animals

Education

Other:

Children

Environment

Community

Health

4. Please attach your organization's logo and certify that it may be used for advertising and promoting the campaign.

5. We encourage State agencies and SECC organizations to connect during the campaign. Please provide the name and contact information of an individual who can serve as a guest speaker on behalf of your organization.

Speaker's Name: \_\_\_\_\_

Speaker's Telephone: \_\_\_\_\_

Speaker's Email: \_\_\_\_\_

6. Please check the appropriate box.

Individual Organization

*If applying as an individual organization, skip to question #6.*

Foundation

*If applying as an individual organization, skip to question #6.*

Umbrella Organization

*If applying as an umbrella organization, attach list of organizations you represent.*

7. If you are applying as an umbrella organization, do you serve as the administrative agency for at least four (4) non-profit organizations, each of which is organized and operated for the purpose of rendering, or materially or financially support the rendering of, services to, and for the benefit of, the health and welfare of residents of the State of Delaware?

Yes

No

Applying as an umbrella organization, I understand that all references to "the organization" include the organizations that my organization represents.

8. I certify that the organization is a human health and welfare organization which is organized and operated for the purpose of rendering, or materially or financially supporting the rendering of services to, and for the benefit of, the health and welfare of residents of the State of Delaware.

9. I certify that the organization has an established physical presence in the State of Delaware, either in the form of an office or service facility which is staffed at least fifteen (15) hours a week, or by making available its staff through scheduled appointments with Delaware residents or businesses at least fifteen (15) hours a week.

10. I certify that the organization is recognized by the IRS as tax exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170. Include a copy of the most recent IRS determination letter as **Attachment A.**

11. I certify that this organization has a policy and demonstrates the practice of non-discrimination on the basis a person's race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity or expression, religion, disability, status as a victim of domestic violence, sexual assault and/or stalking, family responsibility, or any other category protected by state and/or federal civil rights laws, applicable to staff employment, and to memberships on its governing board.

12. I certify that this organization has a policy and demonstrates a practice of harassment prevention, including sexual harassment, sexual assault, bullying, and retaliation, applicable to staff employment, and to memberships on its governing board.

13. I certify that the organization's annual revenue is:

\$ \_\_\_\_\_

*If annual revenue is less than \$100,000 please skip to question #15.*

14. If the annual revenue is more than \$100,000, I certify that the organization has adopted and employs the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations set forth by the American Institute of Certified Public Accountants (AICPA) and provides for an annual external audit by an independent, certified public accountant. Include as **Attachment B** a copy of the organization's most recently completed local audit. Organizations with annual revenue less than \$100,000 are exempt from submitting an audit.

15. If the organization's annual revenue is more than \$100,000, I certify that the organization named in this application prepares and makes available to the public an annual report that includes a full description of the mission, target population, activities, objectives, and achievements of the organization and the names of its chief administrative personnel. Include as **Attachment C** a copy of the most recently completed annual report. Organizations with annual revenue less than \$100,000 are exempt from submitting an annual report.

16. Include as **Attachment D** a copy of the most recently completed IRS Form 990, including signature. (NOTE: If the IRS does not require your organization to file the Form 990, you must still complete one in accordance with IRS regulations to be eligible for the SECC. IRS Forms 990EZ, 990PF, and comparable forms are not accepted. However, small organizations that file Form 990EZ may submit it with pages 1 and 10 of the Form 990 attached. The IRS Form 990 and audit must cover the same period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts X-A and X-B, or by the certified public accountant that completed the audit in an accompanying signed statement.)

17. I certify that the organization's actual percentage of administrative and fund-raising expenses for last year is:

\_\_\_\_\_%  
*Enter total percentage*

*This percentage must be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (Part IX, line 25C) to "fund-raising" (Part IX, line 25D) and dividing the resulting total by "total revenue" (line 12).*

If more than 25% include as **Attachment E** an explanation and documentation that these actual expenses for the above-named purposes are reasonable and appropriate.

18. I certify that the publicity and promotional activities of the organization are based upon the actual program and operations of the entity and are truthful, non-deceptive and consumer oriented. I further certify that fund-raising practices assure: protection against unauthorized use of the organization's contributors' list; no payment of commissions, kickbacks, finder fees, percentages or bonuses for fund-raising; no mailing of unsolicited tickets or commercial merchandise with a request for money in return; and no general telephone solicitation. This requirement shall apply only to those activities connected with the SECC.
19. I certify that the organization is directed by an active, voluntary Board of Directors which serves without compensation, holds regular meetings, and exercises effective administrative control. I further certify if the Board of Directors is not located in Delaware, that there is a local board, comprised of Delaware citizens which advise the Board of Directors with respect to Delaware activities. Include as **Attachment F** a list that includes the names, titles, and addresses of the directors and the local advisory board, if applicable.
20. I certify that the organization has been in operation in Delaware for at least three (3) years prior to submitting this application.
21. I certify that the organization does not exist solely to advocate religious or ethical beliefs and is not a partisan political and propaganda program.
22. I certify that any lobbying activities of the organization to influence voting or legislation at the local, State or Federal level would classify it as a tax-exempt agency under 26 U.S.C. 501(h).
23. I certify that the funds contributed by State employees will be effectively used for the announced purposes of the organization.

**I acknowledge that all certifications and statements made in this application are true and correct to the best of my knowledge and that I am authorized on behalf of the organization to make such certifications.**

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**Certifying Official's Signature & Title**

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**Date**

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**Print Name & Title**



## **2020 SECC Application Documentation Check List**

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Signed application

Organization Logo

Attachment A – IRS Determination Letter

Attachment B – Most recent local audit, *if required*

Attachment C – Most recent annual report, *if required*

Attachment D – Most recently completed IRS 990

Attachment E – Explanation of revenue and administrative  
Expenses, *if required*

Attachment F – List of Board of Directors